National Rural Health Mission

1937. SHRI. EKANATH K. THAKUR:

SHRI JANARDHANAPOOJARY:

SHRI A. VIJAYARAGHAVAN:

PROF. R.B.S. VARMA:

SHRI MANOJ BHATTACHARYA:

SHRI MOTILAL VORA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Rural Health Mission (NRHM) envisaged strengthening Community Health Centre/Primary Health Centre(PHC);

(b) if so, the details of the States confined to NRHM, the criteria adopted to select States for NRHM, fund allotted to NRHM, that includes to strengthen the PHCs State-wise, category-wise as on today;

(c) the steps adopted and fund allotted to strengthen PHCs of States not covered under NRHM, State-wise as on today;

(d) whether NRHM envisages population control;

(e) if so, the details thereof;

(0 whether there is any proposal to form India Public Health Standard for evaluating public hospitals; and

(g) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) Yes Sir.

(b) The National Rural Health Mission (NRHM) is meant for the entire country with special focus on the 18 States including Bihar, Jharkhand, Orissa, Chhattisgarh, Madhya Pradesh, Uttar Pradesh, Uttaranchal, Rajasthan, Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura, Jammu & Kashmir and Himachal Pradesh. States having weak socio demographic indicators/ infrastructure were included in NRHM for special focus. The budget outlay for NRHM for the financial year 2005-06 is Rs. 6731.16 crores. State-wise, category-wise allocation is under finalisation.

(d) and (e) No Sir, NRHM does not aim at population control, but is expected to be instrumental to achieve population stabilization by providing accessible, affordable, accountable, effective and reliable healthcare, especially to poor and vulnerable sections of the population.

(f) Yes, Sir. The Mission aims at upgrading all Community Health Centres to Indian Public Health Standard.

(g) ATask Group has been constituted under the Chairmanship of Director General of Health Services to formulate Guidelines for Indian Public Health Standard (IPHS) to assure minimal level of infrastructure quality and service delivery in Community Health Centres.

The Task Group has prepared its first draft. The draft was shared with Principal Secretary/ Secretary of 18 high focus States in the consultation held at New Delhi on 11th March, 2005. The Guidelines for the same are under finalisation.

Drug Testing Laboratory in Karnataka

1938. SHRI NANDIYELLAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the present status with regard to construction of a Modem Drug Testing Laboratory funded by Drug Controller General of India and the World Bank at Erragadda, Hyderabad;

(b) whether Government would ensure of completion and for functioning of the Laboratory, very shortly to check the menace of fast ever-growing sales of sub-standard and spurious drugs and medicines in the State of Andhra Pradesh to raise the administrative capability to Testing a large number of samples a year;

(c) if so, within how many months; and

(d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) The construction of Drug Testing Laboratory at Erragadda, Hyderabad is being carried out by the CPWD. The civil construction is completed upto the 1st floor. The civil construction would be completed by September, 2005. The CPWD